	7			
	SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  X	
	John A. Porter 10 Creek Lane	10 Creek Lane		
	ENF-W F Docket # A-08-2009-0003		3. Service Type  Certified Mail	
	Article Number     (Transfer from service label)		5 1160 0005 3398 )	L366
	PS Form 3811, February 2004	Domestic Retu	urn Receipt	102595-02-M-1540
	Scanned; sent to Tima A.  1/7/09			
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